



Supplemental Application Data Sheet

Application Information

Application Number:: 10/524,237
IA Filing Date:: August 4, 2003

Application Information

Application Type:: Regular
Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title:: DIAGNOSIS OF KIDNEY DAMAGE AND
PROTECTION AGAINST SAME

Attorney Docket Number:: KOPCHICK5A

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: United States

Status:: Full Capacity
Given Name:: John
Middle Name:: J.
Family Name:: KOPCHICK
Name Suffix::
City of Residence:: Athens
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 4 Orchard Lane
City of Mailing Address:: Athens
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 45701
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States

Status:: Full Capacity
Given Name:: Karen
Middle Name:: T.
Family Name:: COSCHIGANO
Name Suffix::

City of Residence:: The Plains
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 11703 Channingway Blvd.
City of Mailing Address:: The Plains
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 45780
Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Amy
Middle Name:: N.

Family Name:: HOLLAND WETZEL
Name Suffix::
City of Residence:: Wooster
State or Province of Residence:: Ohio
Country of Residence:: United States
Street of Mailing Address:: 2518 Cleveland Road
City of Mailing Address:: Wooster
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States
Postal or Zip Code of Mailing Address:: 44691

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/0240 53	08-04-03
PCT/US2003/0240 53	Appln claiming benefit of 35 USC 119(e)	60/400,052	08-02-02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name:: Ohio University
Street of Mailing Address:: Technology Transfer Office, Unit 14, 340
West State Street
City of Mailing Address:: Athens
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States

Postal or Zip Code of Mailing Address:: 45701